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A PROFESSION PO BOX 14295	IK LLOYD & SA NAL ASSOCIATIO 0		SEP 2 6 2007	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
	, FL 32614-2950	(0.50) 0.50 5.00	L L	ANA K. WILSO	N -	(Depositors name)
PH: (352) 3	75-8100 FAX: (	(352) 372-5806		tano K	White	(Signature)
			<u>'s</u>	EPTEMBER 26,	2007	· (Dute)
APPLICATION NO.	PILING DATE		FIRST NAMED INVENTO	L A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,069	09/11/2003		Ronald L. Hayes		UF-530XT	7655
TITLE OF INVENTION DAMAGE	n: Detection of Sp	ECTRIN AND SPECTI	RIN PROTEOLYTIC CL	eavage product	S IN ASSESSING NERV	E CELL
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE P	EE TOTAL PEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	02	\$1000	12/05/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS	09/26/2	007 MGEBREM2 0000008	5 190065 10660069
WEGERT, SANDRA L		1647	530-350000	., 01 FC:2		
1. Change of correspondence address or indication of "Pee Address" (3' CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O			registered atomey or agent) and the names of up to 2 registered patent attorneys or agents. If no nume is listed, no name will be printed.			
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG	less an assignee is identi h in 37CFR 3.11. Comp GNEE Florida Rese	ified below, no assigned eletion of this form is NC arch Foundati	data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CITY On, Inc.	atont. If an assigned assignment.  Yand STATE OR COU	is identified below, the da JNTRY) 111e, FL pration or other private grou	
4a. The following fee(s) are submitted:  XIX save Fee  XIX Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			4b. Payment of Pec(s): (Please first reapply any previously paid issue fee shows above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  XXI The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0055 (enclose an extre copy of this form).			
	SMALL ENTITY SIATE	1 above) is. See 37 CPR 1.27.	□ b. Applicant is no lon	ger claiming SMALL	ENTITY status. Sec 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee an interest us shown by the	d Publication Fee (if requescribed State	tired) will not be accepte tes Patent and Trademark	d from unyone other than of Office.	die applicant, a registe	red attorney or ugent; or the	ussignes or other party in
Authorized Signature	0	8. Hiteld		Dute Septem	per 26, 2007	
Typed or printed name	Barbara S. K	itchell	Registration No. 33,928			
m application, Confident submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	pality is governed by 35 lapplication form to the ons for reducing this buringing 22313-1450. DO 13-1450.	U.S.C. 122 and 17 CFR USPTO. Time will vury den, should be sent to the NOT SEND FEES OR	I IA INTRICOLLECTION TO AU	umated to take 12 min vidual caso. Any comm er, U.S. Potent and Tra O THIS ADDRESS. S	public which is to file (and utes to complete, including nents on the omount of tim demark Office, U.S. Depar END TO: Commissioner for	Cathering prepuring and